	MISS	OU	RI	ĎΙ	VIS	ION OF HEA	LTH - STAND	ARD CE	RTIF	ICATE O	F DEATH	**	· · · · · · · · · · · · · · · · · · ·	į	•	
	DEPARTMENT OF			PUI	∃LIÇ Re	HEALTH AND, WE gistration District No	ELFARE 16 Pri	mary Registratio	n Distric	t No. 607	¥Registrar's No.	n/A	673	STATE FILE	NUMBER	
DO NOT WRITE ON THIS STUB		AMEN	IDED	\cap	È	11 FD27	64	-				<u> </u>	71.0	<u> </u>		
				~ 1	7Γ 1.	PLACE OF DEATH	04				2. USUAL RESIDEN					
VS 300	8				-	a. COUNTY St . F	rancois				a. STATE M1 S	sour	L COUNTY	St.Fran	CoIS's	sion)
Rev. 4/59	2					b. CITY (If outside cor OR	porate limits, give TOW	SHIP only)	Lengt	th of stay in 1b	c. CITY				Inside	Limits
	DATE AMENDED			2		TÖŴN Canty	we T		1 1	day	OR TOWN F	min	gton		Yes 🔀	No 🗌
10940	<				-	c. FULL NAME OF (If N	NOT in hospital, give loc	ation)	• 7	Inside Limits	d. STREET ADDRESS		(If cutside,	give location)	Reside (on Farm
2 2 2 1 2						HOSPITAL OR INSTITUTION				Yes X No □	20	N 80	Jeffer	gon	Yes 🗆	No 🌃
-0945		4-1	_	↓ I			F		147-1-11-							
3 2					3.	NAME OF DECEASED (Type or print)	First		Middle		Last	4. DATE				Year
4	1]					Josephi	n e			Evans	DEAT	<u>' Oc tob</u>	er 17th	. 19	64
_ `	_			1	5.	SEX	6. COLOR OR RACE	7. Married		ever Married 🔲	8. DATE OF BIRTH			Months Day		ER 24 HR
5,				1		Female	White	Widowed		Divorced 🗌	Aug. 17,			†		
	-				10		(Give kind of work done	10b. KIND OI	BUSIN	ESS OR INDUSTRY				12. CITIZEN	OF WHAT CO	UNTRY
6] ≩					during most of working	g life, even it retired) Kar	Shoe	Mf	S MAIDEN NAME	Potosi,	Mis	souri	US US	A	
7	일				136	. FATHER'S NAME		13Ь.	MOTHER	'S MAIDEN NAME			14. NAME OF	ĤUSBAND ◆R-W	(発	
	[준]					Joseph Lav	acew	I	la ry	Vance			Price	Ivan Ev	ans	
812	က္ခ				15.	WAS DECEASED EVER	IN U.S. ARMED FORCES	? 16.	SOCIAL	SECURITY NO.	17. INFORMANT	•		Address		
9/21N	 		Ì		(Ye	s, no, or unknown) (If y	yes, give war or dates of	· şei		574	1 - Paul	Evan	s, Can	twell,	Misso	uri
<u> </u>	AR			5	$\overline{}$	18. CAUSE OF DEATH	(Enter only one cause pe DEATH WAS CAUSED BY	r line tor (a), (b), and (c).					INTERVAL B	ETWEEN
10 '	١. ا			É		PARI I.	IMMEDIATE CAUSE (•	110	March	ula -	1.1	eilla	uline"	ONSET AND	DEATH
11	<u>ال</u> ا			CUMENI			IMMEDIATE CAUSE (a) ——		00000	. /	,		,		
	REC FAD			8		Condition	ns, if any,] DUE TO	(b) 9//	r lu	Julies	I Here	1	Dece	leer		
1290-0	HIS					which ga	ove rise to				- //		-			
13 /-0		$\perp \perp$		↓ i	1	stating th	he under- i	(e)						1		
	z				-		OTHER SIGNIFICANT		ONTRIBL	ITING TO DEATH	H but not related to	the termi	nal PART	III. If deceased	d was fer	male was
	0				CERTIFICATION	PARI III	disease condition given	in PART I (a)	OHIADA	31,110 10 22,111	1 201 1101 (010100 10	1110 101111	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		nancy in las	
	E S	11			5									☐ Yes /	* [№ □	Unknown
	N N				7. T.	19. WAS AUTOPSY PERFORMED?	20a. ACCIDENT SUICI		20	b. DESCRIBE HOV	W INJURY OCCURRED	. (Enter nat	ure of injury in	n PART I or PAR	II of item 1	8.)
	AMENDMENT					YES NO DX		u								
Z	¥				WEDICAL	20c. TIME OF Hour	Month, Day, Year									
ᅩᅙ	<				ᅙ	iNJURY a.m. p.m.				_						
INK RIBBON					~	20d. INJURY OCCURRE	D 20e. PLAC	E OF INJURY (e factory, street,	.g., in o		of. CITY, TOWN, OR	LOCATIO	N	COUNTY		STATE
x						WHILE AT WORK	/ÖRK □ ¹ªrm,	raciory, sireer,	dilice bi	ag., etc.,						
BLACK OR RITER R	READ				٠,		5 . A	ナノクト	64	. Oct	-17-64 and	d last saw	her alive on	ORT 1	6-6	V
E E	8					21. 1 attended the dec	eased from	7		m on the	e date stated above, a	_		wledge, from the	e causes state	ed.
	SHOULD			1		Death occurred at-					•		0007 0 1 1117 K110	· ·		TE SIGNED
USE	[p			៉		22a. SIGNATURE		gree or title)	J 5) 5	22b. ADDRSSS			. 7.	22c. DA	IE SIGNED
Ĕ	3			Ĭ		CIHU	aprile	n	7 /	M()	/) ul		ION (City, toy	es m	<u>0 </u>	<u> 7-44</u>
				FIDA	238	BURIAL, CREMATION, REMOVAL (Specify)	/23b. ØATE			EMETERY OR CRE					,	=,
	2			AFFI		Burial	110/20/196	4 Fur	11 S.C.		Cemetery			ton Co.	MD	
	Į.				24.	FUNERAL DIRECTOR	AD	DKE22		. 6	E RECU. DI LUCAL RI	20.	PEGISTRAR'S S	- DIONATURE	40	
				₽		C.Z.Boy	rer & Son	Deslog			1. 19,146	// \	All	erste	du	FX.
				• -			* 1	(Li	censed E	mbalmer's Statem	ient on Réverse Side)	'		1		· /~

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is reco	rded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	
StudentSignature of Student Embalmer	Signed S. T. Darger
	Licensed Embalmer No. 3 6 6 0
	P. O. Address Desloge, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.